

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047745

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 226Primary Registration District No. 5799Registrar's No. 38

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY

Monroe

b. CITY (If outside corporate limits, give TOWNSHIP only)

Marion Township

Length of stay in lb

42 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION 3 mi.N.of Madison

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Monroe

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

Madison, Mo.

d. STREET

ADDRESS

(If outside, give location)

3 mi.N.of Madison

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Sarah

Jane

Johnston

4. DATE

OF

DEATH

Month

Day

Year

Dec. 16

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

12-28-1883

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Monroe County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Robert Williams

13b. MOTHER'S MAIDEN NAME

Sarah Thomas Barker

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Drexell Johnston Madison, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

WAS NOT IN ATTENDANCE -

INTERVAL BETWEEN ONSET AND DEATH

6 mos +.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARCINOMATOSIS

DUE TO (c)

ADENOCARCINOMA OF THE COLON

1 yr +.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-5-62 to 10-5-62 & from 10-17-62 to 11-18-62 and last saw her alive on Nov. 18, 1962
Death occurred at 11:30 PM 12-16-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John M. Laidlaw MD

22b. ADDRESS

M.U. Med. Center

22c. DATE SIGNED

12-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-19-1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill Cemetery

23d. LOCATION (City, town, or county)

Madison

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Thompson-Mackler

Madison, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 19-1962

26. REGISTRAR'S SIGNATURE

Elaine Miller

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Madison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.